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HEALING AND WHOLENESS

THE --- CHURCHES' ROLE --- IN HEALTH



THE REPORT OF A STUDY
BY
THE CHRISTIAN MEDICAL COMMISSION
WORLD COUNCIL OF CHURCHES

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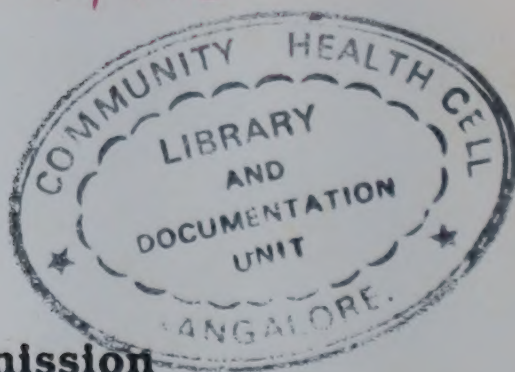


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The Christian Medical Commission

World Council of Churches

Geneva

1990

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FOREWORD

The Christian Medical Commission (CMC), a sub-unit of the Unit on Justice and Service of the World Council of Churches (WCC) has been engaged for the past twelve years in a study on health and healing from the Christian perspective. This foreword describes the background, objectives, and methodology of the study.

BACKGROUND

The roots of CMC are in two consultations in Tübingen, Germany, organized jointly by the World Council of Churches and the Lutheran World Federation. The first in 1964 focused on medical missions in the third world, the second in 1968 on the role of the church in healing. The CMC was created in 1968 to assist the member churches to deal with questions being raised about these subjects.

During CMC's early years emphasis was placed on promotion of primary health care as a means of redressing the imbalance between sophisticated and expensive institutional medical care for a few and hardly any for the rest. But during the same period growing dissatisfaction with the so called 'garage mechanic' approach in modern medicine made Christian groups in many countries begin to search for a health care which more fully addressed the needs of the whole person.

The WCC Fifth Assembly in Nairobi in 1975 mandated the CMC to "serve as an enabling organization to churches everywhere as they search for an understanding of health and healing which is distinctive to the Christian faith." This was to be done by "exploring insights into, and promoting theological reflection on, the Christian understanding of life, death, suffering and health, that these may find expression in the church's concern for health care as a healing community," and by being "alert to the widening

dimensions of healing which transcend the concern with physical pathology and assess the input of spiritual, social, ethical and psychiatric insights".

The Central Committee which followed in 1976 directed CMC "to set up and develop a means for sustained enquiry, description and reflection concerning the connections between health, being human, the community and the kingdom of God." In response to this mandate, the Christian Medical Commission embarked on a programme to study "Health, Healing and Wholeness" (HHW) in 1978.

OBJECTIVES OF THE STUDY/ENQUIRY

The purpose of the study/enquiry was to learn about:

- new thinking on the churches' involvement in healing, of both a theological and a practical nature;
- healing practices and attitudes within traditional societies in developing countries;
- ways by which local communities care for and support their sick and suffering members; and
- theological reflection on the Christian understanding of health, healing, and wholeness; life, death and suffering; and human values.

METHODOLOGY OF THE STUDY/ENQUIRY

REGIONAL CONSULTATIONS

Rather than make the exploration an academic exercise centred in Geneva, CMC took the study to the grassroots. They began gathering information by sending questionnaires to a wide range of individuals and organizations. While the answers provided the nucleus for discussions in regional consultations, a network of multi-disciplinary resource persons in different countries of the world was built up.

Over the next ten years, ten regional consultations were held which brought together 650 pastors, theologians,

and health professionals. The dates and locations of the consultations are listed in Appendix 1.

As the consultations moved from one region to another, new issues emerged. For example, in Central America, the issue of structural injustice and its effect on health was highlighted. In Africa, the issue of traditional healing and African spirituality were central to the discussion of health, healing and wholeness. In Europe, community building was added as an important concern. Each of the consultations and meetings produced its own report.

During the course of the study, presentations were made to WCC Central Committee meeting in Dresden in 1981 and the WCC Sixth Assembly in Vancouver in 1983. Summaries of the discussions there are found in Appendices 2 and 3.

After the last of the regional meetings, an Advisory Group on Health, Healing and Wholeness was formed from among CMC commissioners and advisers to do a "critical analysis" of the study and suggest meaningful ways to present the final report to the Central Committee and to the WCC constituencies. Emphasis was given to the need to popularize the results of the study within local congregations. The Advisory Group recommended the preparation of this report for presentation at the CMC Commission meeting in Brazil in May, 1989. The Commission, in turn, approved it for presentation to the WCC Central Committee. Finally, in July 1989, in Moscow, the Central Committee received it with appreciation and commended it to the member churches for study and action. (See Appendix 4)

This report presents a synthesis of the theological reflections, realities, stories, issues and challenges emerging from the study. It is intended to be neither the last word nor a comprehensive treatise on the subject. The CMC hopes that it will serve to stimulate discussion, and action.

In 1979, the Sandinista National Liberation Front took over the Government of Nicaragua. The Government of National Reconstruction informed the people of Nicaragua of their action plans for national reconstruction and invited them to participate. Three months after the announcement, the evangelical churches met at their Mount of Olives camp site to analyze the events that had happened. After three days of discussions the five hundred church leaders issued a statement called "The Sandinista Declaration of the Five Hundred", recognizing the leadership of the Sandinista as an instrument in God's hands for the liberation of the people of Nicaragua.

Church leaders called on their churches to commit themselves in the reconstruction of Nicaragua. Consequently, church buildings were opened for literacy and health campaigns and local church organizations called on their members to join in the campaigns. Young people were sent to the peasant villages in previously unreached and unserved rural areas. They conducted literacy classes, immunizations and a malaria eradication programme. The illiteracy rate went down from 60% to 12%, and the incidence of communicable diseases such as polio, measles, and malaria dropped markedly. The period of interaction with the peasants brought about significant changes in the lives of the young people as well.

(Central American Consultation)

CHAPTER 1

WHAT IS HEALTH ?

From around the globe, the ten regional grass roots consultations on "Health, Healing and Wholeness" wove a tapestry depicting their understanding of health. The major recurrent thread throughout that fabric is the fact that health is not primarily medical. Although the "health industry" is producing and using progressively sophisticated and expensive technology, the increasingly obvious fact is that most of the world's health problems cannot be best addressed in this way. The churches are called to recognize that the causes of disease in the world are social, economic and spiritual, as well as bio-medical. Health is most often an issue of justice, of peace, of integrity of creation, and of spirituality.

HEALTH AS A JUSTICE ISSUE

It is an acknowledged fact that the number one cause of disease in the world is poverty, which is ultimately the result of oppression, exploitation, and war. Providing immunizations, medicines, and even health education by standard methods cannot significantly ameliorate illness due to poverty. The churches are called on to see this as a justice issue to be raised in the centres of power—local, national, regional, and global. At the same time there is a call for commitment to more just distribution of available resources for health, both within and between nations.

Historically, the prophets cried out against the oppression and exploitation of the poor. Jesus began his ministry by quoting Isaiah's prophesy of liberation for the captives, freedom for the oppressed, sight for the blind, and good news for the poor.

Many study participants shared stories of their efforts to accompany the poor and the outcast in their struggle, proclaiming and demonstrating that there is healing in working for the liberation of the poor. In serving the poor we also discover that they have much to share. Christians in struggle for justice and human rights around the world have gained new insights into the healing power of God and have learned to overcome despair and fear of death through trusting Him.

The churches themselves have often demonstrated a top-down paternalism in their provision of health care services, inhibiting the development of community resources and achievement of self-reliance. The resulting dependency on outside resources for the provision of health care services has ultimately served the rich and powerful rather than the poor. Many examples emerged during the HHW consultations of programmes which had found ways to empower communities, through participatory learning experiences, to eliminate the major causes of illness and death in their midst.

HEALTH AS A PEACE ISSUE

Deaths due to armed conflicts and other forms of political violence have continued to be a reality of health in the eighties. For thousands in the world, state terrorism through "low intensity conflict", torture, imprisonment and other forms of human rights violations have made wellness of mind, body and spirit-wholeness—an impossibility.

The threat of nuclear annihilation hangs over the entire globe, often suppressing life-giving hope.

No medications can remedy the personal and social illness arising out of the world climate of militarism. Churches are reminded of the blessedness of being peacemakers.

HEALTH AS AN ISSUE OF THE INTEGRITY OF CREATION

Another significant proportion of illness in the world is self-inflicted. What we impose on ourselves individually and collectively—whether out of ignorance, greed, or simply lack of self-control—causes physical, mental, spiritual and ecological damage which is not best addressed by medical technology. Lifestyles and values which breed individualism increasingly cause disruption of social networks and life in community.

In industrialized countries, over 80% of illness and death is reported to be due to destructive lifestyles, and the problem is growing rapidly as a result of “modernization” throughout the world. Development of heart disease, hypertension, and diabetes for example, has accompanied industrial development in many countries with the introduction of new diets and attitudes towards manual labour and the promotion of addicting drugs such as alcohol and nicotine.

As nations large and small struggle for military and technological supremacy, nuclear wastes proliferate to endanger the health of the whole planet. As materialism replaces community as a cherished value, increasing pollution threatens the life of all living things.

Churches are called by the gospel to advocate and protect the integrity of creation, with concern both for the human body and for the critical conditions which are necessary to sustain life.

HEALTH AS A SPIRITUAL ISSUE

Most important to health is the spiritual dimension. Even in the midst of poverty some people stay well, while among the world's affluent many are chronically ill. Why? Medical science is beginning to affirm the biblical emphasis on beliefs and feelings as the ultimate tools and powers for healing. Unresolved guilt, anger and resentment, and meaninglessness are found to be very

potent suppressors of the body's powerful, health-controlling immune system, while loving relationships in community are among its strongest augmenters. Those in loving harmony with God and neighbour not only survive tragedy or suffering best, but grow stronger in the process.

When we choose the spiritual dimension of life we opt for the abundant life which is wholeness-life, a gift of God. As persons come to trust in God's unconditional love they are freed to love each other and come together, freely confessing and forgiving, in healing community. Churches have too often made confession a mandatory exercise for the purpose of condemnation, and used brokenness as an excuse for exclusion from the Christian community. The unity of Christians, whether local or global, can only be created and nurtured through a willingness to risk self-emptying, confession, listening and caring.

Traditional societies have an understanding of health which knows disturbances in beliefs and feelings to be root causes of illness. Much can be learned from a dialogue between traditional healers and Western medical practitioners.

Not only does the Christian gospel speak directly to the spiritual reality of health, but the understanding that God's intervention in history through Christ brings healing salvation is the heart of the *good news*.

CHAPTER 2

THEOLOGICAL REFLECTIONS

BEING ROOTED IN THE TRIUNE GOD

In the first HHW consultation, Dr Emilio Castro, now WCC General Secretary, pointed out that “the healing ministry pertains to the whole being of the church.” The being of the church finds its roots in the living Creator, revealed to us as the Triune God, made flesh in Jesus Christ and received as the liberating power of the Holy Spirit. It is in abiding with the Triune God, similar to the image of the branch remaining in the vine (John 15:5), that the whole being of the creation of God finds health, healing and wholeness.

LIFE IS GOD'S GIFT

God's gift to all people is life—life in all its fullness (John 10:10). It is important to understand this, because the first sign of the kingdom of God is life.

In the story of creation, God formed the human being out of the dust of the ground and breathed into the nostrils the breath (*ruach*—spirit, mind, wind) of life. It became a human being (*nephesh*—soul, life, person). The important feature of creation anthropology is that *nephesh* is not a part of the human being, but is the whole human being.

As sojourners in the whole mystery of creation, human beings face the choice between life and death. God's plan is that human beings and all of creation may have life that is good and abundant. This means right relationship with oneself, with the human community, with the rest of creation, and with God. This means caring for creation, which sustains life, and nurturing our relationship with our fellow human beings and with God.

Martin Hoftun is a student from Norway. He suffers from severe muscular dystrophy and spends his days sitting in a wheelchair, constantly assisted by a companion. In the Budapest meeting he spoke of his experience of "dependence/independence as signs of Christian wholeness." We realize that "as we search for the Christian understanding of wholeness, we discover that it is already present as God's gift. In Christian community, we share qualities of infinite value which consist of both our weaknesses and our strengths. This represents a break with the ideals of contemporary society which treasure individual freedom above all." (European Consultation)

This is the abundant (perissos—above the common) life God urges human beings to choose.

In choosing life, we also choose health. Health is a dynamic state of well-being of the individual and society; of physical, mental, spiritual, economic, political and social well-being; of being in harmony with each other, with the material environment, and with God. Important to well-being is our dynamic contact with the Source of our Being and, as Christians, we believe that it is through Jesus Christ that we find life. In his healing ministry he emphasized the importance of faith.

Jesus Christ's example and teaching point us to the way of life based on the the gospel (Good News). He always related healing to the life of the community. He questioned existing laws, cultural values and practices that did not serve the interest of the poor. After affirming that the paralytic man, waiting for the stirring of the pool at Bethsaida, really wished to be healed, Jesus told him to "Rise up, take up your mat and walk" rather than to wait for the commonly believed phenomenon of the "whirling of the pool".

To the "unclean" woman who, despite the prohibition against touching a man, reached out and touched the hem of his garment, Jesus said: "Daughter, your faith has made you whole."

Jesus not only healed physical infirmity but freed people from their guilt. Much to the anger of the Pharisees, he forgave people of their sin, reminding them not to continue in sin or much worse than sickness can happen. Never discovering life is worse than death—never having lived is more catastrophic than dying.

Being in a dynamic relationship with Jesus means living up to the requirements of the gospel. Being rooted in Jesus enables people to discover the meaning and purpose of life. Jesus' concept of health, healing and wholeness is to set people free from all that stands in the way of life. But first he invites us to carry his yoke, to be burden-bearers, witnessing to and working for the kingdom of God.

In the process of living out the demands of the gospel, temptations come and there are times that we deviate from the paths of righteousness. But the invitation to life is open to all who acknowledge and confess their sins and ask for the restoration of relationships. Life can only be restored in the context of our relationship with community. This is why Jesus admonished us to restore our relationship with a brother or sister whom we have wronged before giving our offering.

RESOURCES FOR HEALING

HEALTH IN THE HANDS OF THE PEOPLE

Disharmony in relationships lead to alienation, separation, brokenness, and sin—a lack of well-being. Traditional concepts of health and sickness support this view. In some cultures, e.g. in Africa and Asia, animal sacrifice and other forms of offering are given to appease the wronged spirits of nature and ancestors. The family or a community mediator such as a village elder deal with broken relationships.

The church can learn from these traditional models of caring communities in different cultures and religions. Many congregations have not developed mechanisms to

care for their members. So, just like the lunatic man of Gadara, the response is to get rid of the problem by excommunicating or isolating the person instead of coming to his/her rescue and restoring his/her life in community. In recent years AIDS patients have been added to the long list of persons who need the care of congregations. In all regions the study revealed how important it is for each member of the congregation to contribute to the healing function of the church.

Our Christian belief is that Jesus Christ's sacrifice in the crucifixion event took the place of animal sacrifice. St Paul called on the followers of Christ to present their bodies as a living sacrifice by not conforming to worldly values, but by being transformed. He gave the promise, "Behold, Jesus Christ makes all things new!" Thus we are liberated and saved through Christ.

The Christian Health Association of Liberia (CHAL) organizes special health seminars and workshops for evangelists and catechists, who pass on the acquired knowledge during their regular travels to the villages. Health messages are thus transmitted to the grassroots.

In the village of Ndambo, the evangelists analyzed, together with the village people, the health problems and taught the preparation of home-made rehydration solution. As a result children no longer died of diarrhoeal dehydration. They also dug wells to provide safe water, thereby reducing the problem of diarrhoea among the people.

Through proper education on the value of immunization and good nutrition, they were able to reduce the infant mortality rate. The people of Ndambo have thus learned that health is not just a medical matter. It is possible for the community to gain control over diseases that formerly struck fear in the heart. Slowly the message of God's love is being experienced because the children are not dying as before.

(Africa Consultation)

Our body/mind/spirit can be broken by social injustice, misuse of power, unhealthy relationships and life style, lack of care for and abuse of creation, individualism, materialism and false spirituality. Many people needlessly suffer. At times it seems that some people are born without any choice but to suffer. But our encounter with Jesus Christ, the healer, reminds us that the meaning and purpose of life is found in our ongoing, dynamic, continual, and liberating struggle with the powers that deny God's gift of life. This is a message for both the rich and the poor.

Primary health care and organized people's movements for human rights and liberation are practical ways by which we can fight the powers that deny God's gift of life. Reading the Bible with new eyes through education for critical consciousness (popular education or learning for transformation) is a basic element of people's movements. It includes social and historical analysis leading to solidarity with the poor, deprived and oppressed. By entering into their own experience and world view we are enabled to join with them in seeking the signs of the kingdom while living the demands of the gospel.

Healing communities thus formed can share ideas and models with each other for their mutual development, with the ultimate goal of being awakened—of finally being able to see the light and hear the cries of the people of God.

HEALING PRACTICES

Among the practices which can aid in healing are scientific medicine, traditional medicine, alternative forms of medicine, prayer, meditation, and liturgy. Each, especially when coupled with faith, can provide healing. Each can also be used, intentionally or unintentionally, for evil. For example, the purpose may be to exploit or harm an individual. Or limited resources may be used to

provide sophisticated treatment for a few while others are denied basic health care.

MODERN MEDICAL SCIENCE AND TECHNOLOGY

Medical science and technology are a reality in today's world but they must be viewed from the proper perspective. In the light of the gospel some serious conflicts arise:

- often church-related hospitals, equipped even with modest modern technology, are too often only able to serve those who can afford to pay.
- specialization fragments health care in opposition to the perspective which sees the patient as a whole person, and further increases its cost beyond the means of the poor.

Medical research is best done with the view to serve the entire human community and therefore must be in close dialogue with the people, listening to their viewpoints and considering their ethical values.

Hospitals and other medical institutions are an important part of any complete health care system. Consultation participants in all regions pointed out that it is not a question of either hospitals or primary health care but rather how the hospitals define their role and what determines their priorities.

Health promotion comes through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve health. The role of hospitals and medical technology should be defined in a way that is relevant to this main strategy, including the causes for ill-health in the area to be served as well as the overall resources available for health care. Ensuring a system of primary health care to address the preventable and locally treatable health problems will always have to be the first priority.

Institutions can thereby be freed to deal with the complicated cases for which they are planned.

Where church hospitals already exist they should be accountable to and supportive of community organizations and primary health care programmes, and serve as referral centres for them.

Yodagawa Christian Hospital in Osaka operates a hospice programme with 23 beds on the top floor. The purpose of the hospice is to provide supportive care to the dying with "hands rather than machines."

Life-prolonging measures are not used, but patients' physical pains are alleviated through adequate medication. Emotional support is given by a team which includes pastors and social workers. The average length of stay for patients is 50 days and patients' age ranges from 30 to over 90. Most of them have terminal cancer.

The ward has an adjacent rooftop Japanese garden where green trees and a fish pond provide the three elements of happiness in Japanese culture: green, water and fish. The staff spend much time talking with the patients. They sit beside the bed rather than stand so that the eye level contact will signify equality and also to show that they are happy to spend time with the patients.

The Japanese word for healing literally means "laying hands on" and the staff make efforts to have physical contact as much as possible—through a touch or a hug—with the patients.

There are no restrictions on visiting hours and families are encouraged to visit frequently. They are also encouraged to bring along children, who often are the most effective pain relievers. Frequent parties enhance the community feeling. Church services are held regularly in a small chapel, and daily inspirational broadcasts are available through an in-hospital communication system for patients who may wish to listen.

(North-East Asia Consultation)

TRADITIONAL HEALING PRACTICES

In the regional consultations world view was affirmed to be closely associated with health. Examples from various regions were presented showing how attitudes, behaviour, and practices related to traditional (non-Western) world views were instrumental in healing.

Traditional societies are usually essentially religious communities. People are conscious of God as a living Supreme Being who, though beyond the sky, is represented on earth through smaller deities, spirits and ancestors. Disease, health, and healing are fundamentally religious in nature. They are understood in relation to this cultural perception of the world, and particularly of the person's relationships to it. There is no separation between the sacred and secular.

In some traditional world views, a person's life is a cycle of two parts: the world of the living and the world of the dead—the ancestors. The Almighty (God) intends each living being to complete the cycle or cycles without interruption. Any interruption or disturbance (evil spells, illness, infirmity, death before the end of the cycle) is an abnormal phenomenon. The cycle can only be interrupted by those who cast evil spells.

A child is seen as pure and innocent but is vulnerable to “casters of evil spirits”. The adolescent can be both responsible for his/her own misfortunes and a victim of evil spells. Adults can fall victim to evil spells, but the law of “rebound” applies—good or evil comes back to its author.

In many other societies, health is seen to be determined by balance (harmony) and disease caused by a lack of it. Harmony of body humours and functions, of mind, soul and body, of relationships with the environment and other beings plays an important part in maintaining health. These traditional societies view health as complete harmony within an individual, family, community, and environment, and may thus be closer to

a Christian view of health (wholeness) than that of Western medicine.

Disturbance of this harmony leads to disease, and the goal of treatment is to restore harmony. In most traditional cultures, healing is part of a socio-religious system in which the power and meaning of life are to be found in the relationships within self, with other people, the physical environment and the spirits. Treatments, therefore, deal not only with particular aspects of the sick person's body, but also with the spirits and the social context of the patient's life.

Healing practice normally consists of two components: the medicinal and the ritual. Herbalists prescribe preparations from medicinal plants, animals and other inorganic substances which in themselves may have the power to heal or which may symbolically link the sick person with that power.

The ritual component may involve divination, trance states, bathing, offering to spirits, participation of family members and even incisions on the body. The ritual practitioner mediates between the people and the spirits and may prescribe certain practices and/or sacrifices that would appease the spirits. Like Western medicine, traditional healing can be abused. Those in the healing ministry are called to bring every sick member into an encounter with the Creator and with the created beings. Healing which is liberating and translates itself into wholeness is from God.

LITURGICAL ACTS THAT PROMOTE HEALING

In many of the regional consultations, we learned of people who are actively engaged in healing through laying on of hands, prayer, anointing the sick with oil, caring for people by providing food and medicines, and visiting the sick at home or in hospitals and hospices.

These activities are not to be set in opposition to other instruments through which God also acts to heal the human being. The Honduras Consultation said, "We

cannot exempt ourselves from the responsibility of using the resources of medical science or from political participation simply because we are praying for the sick!" Intercessory prayer creates a spiritual atmosphere that supports health workers.

Healing and the building of community, according to the Orthodox view, are part of the basic concepts of forgiveness and the eucharist (holy communion). The final concept of forgiveness is the restoration of a person to the community. It is this concept that lies behind the pronouncement of the absolution in the Orthodox church, an absolution addressed not to a singular, but to a plural object and repeated not once but several times in the liturgy? Why? Because sin shatters the community and forgiveness restores healthy relationships within community.

At present, we are facing the disintegration of the Christian dogmas of forgiveness and the church of God, partly because we are not aware that we are members of a community, partly because we are no longer taking forgiveness seriously as the healing of soul and body, partly because confession has become a mechanical process.

The divine grace that is received in the sacrament of the eucharist is indeed the divine power that makes us all one body ... This is the true understanding that when I receive the eucharist, I receive also the responsibility of the life, sickness and health of those who partake with me of the divine sacrifice. (Egyptian Consultation)

CHRISTIAN COMMUNITY-BUILDING

CALLED TO BE "WOUNDED HEALERS"

We understand wholeness, not as a static balance of harmony, but as building and living in community with God, with people, and with creation. Individualism and injustice are frequent barriers to community-building and therefore to health. The members of the early

church chose to share their possessions and enter into mutual dependency and accountability.

A healing community is not a world without problems and suffering, but rather a striving together to live in God's kingdom. Jesus joined the marginalized, the downtrodden and the imperfect. Through his willingness to identify, suffer and empty himself, he gave hope, restored dignity and created community. He led the marginalized back to their own communities, and enabled them to restore their relationships.

A true community is not closed. It cuts across class, status and power structures. Its members must risk moving out to identify with people who are on its fringes, inviting the marginalized and oppressed in, enabling them to rejoin their communities with restored relationships. It is a life-giving organism with movement

An apt example of "wounded healers" in today's society are members of Alcoholics Anonymous. They have the courage to tell their story, to acknowledge their wounds and failures. They let the others know that "I am not any better than you." But they also tell gratefully the story of how they found strength through help from other alcoholics. They share the profound conviction that, "If I, with all my scars, could do it, surely you can, too!"

This model is not restricted to the healing of alcoholics; its powerful dynamics are transplanted into other fields as well. My own experience of being completely laryngectomized gives me a unique opportunity to help others who are already or may soon be in the same situation. Those especially who, like myself, experience drawbacks should be encouraged not to give up, but to muster their inner resources of strength to discover a deeper meaning for their re-adjustment. It is well-known that the best helpers of cancer patients can be others who have experienced the same problems and are still faced with them. It is to be hoped that both doctors and the church will learn to mobilize these "wounded healers".

("Healing & Revealing", Bernhard Haering, European Consultation)

in and out, steadily giving rise to new organisms of healing and fellowship.

Participation in such a fellowship may be costly. It can involve leaving "father" or "mother". It is an ongoing process of self-emptying and an openness to sharing and receiving. There is no true community without giving up something. There is no coming together in community without tears. As part of a creation which is moaning in pain and longing for its liberation, the Christian community can be a sign of hope, an expression of the kingdom of God. We are called to be "wounded healers".

THE GLOBAL ASPECT OF COMMUNITY

"One Lord, one faith, one baptism, one God, the Father of all, who is above all and works through all and in all." (Ephesians 4:5-6) There is diversity of gifts, but the Lord is the same; there is diversity of work, but the same God works in all.

As one body, with different parts interdependent, respecting and complementing each other, we cannot have true community unless each of us shares in its life—placing our talents at the service of others. When one suffers, all suffer, when one receives honour all rejoice together. When one part of the body/community is in pain, the whole body groans. When one part is healed, the whole body is renewed. It is not right for some parts of the body to be feeling well while other parts of the same body are suffering.

COMMUNITY AND HUMAN VALUES

Christian unity can be created and nurtured only through a willingness to risk self-emptying, confession, listening and caring. The theology which enables participation must be the theology of the cross—which means self-denying obedience to God. The destructive secular values of individualism and self-centredness must be transformed into life-giving sharing in community. Doctrinal support for affluence must constantly be challenged. Persons from welfare societies

like Sweden reported, for instance, that many young people are saying, "We are looking for love in the midst of all this damned security."

Dr Janelle Goetschus, medical director of the Colombia Road Health Services in Washington, DC, shared her reflection on "Primary Health Care in an Industrialized Society" in the North American consultation. She said:

"When I see the American church become excited about reading and preaching about the third-world liberation theology and never make the connection with our American black sisters and brothers, I feel saddened. If we bring liberation theology home, change will be required of us. For I cannot love my black neighbour as myself and know that my black brother lives in squalid housing filled with rats, plumbing that doesn't work, ailing plaster falling in while I live in a nice apartment that is warm during winter.

"And I cannot love my black sister as myself and know that she is hungry while I am well-fed; that her children must attend incredible, inadequate schools while mine receive a good education; that my black brother must suffer with sporadic crisis health care, while I receive some of the best health care in the world.

"In the New York Times Magazine this week is a letter written in response to an earlier article that had appeared on liberation theology, in which the author had been critical of a theology that endorses preferential option for the poor. The writer of the letter quotes Moltmann, the noted German political theologian, who observed that those who read the Bible in a comfortable study after a solid meal read it differently than do those who read it in shacks on empty stomachs. The writer notes that most liberation theologians live among the poor and read the scriptures through their eyes.

"I long for the American church and theologians to immerse themselves with the poor and to speak out as third-world theologians have, and to say that Jesus did not make it optional to try to keep the first part of the commandment and to forget the second part—to love thy neighbour as thyself."

SPIRITUALITY AND HEALTH

Faith and reason must be brought together in considering matters of illness and health. The mystery of a universe which goes far beyond the limitations of our understanding need not be dismissed.

In the church, insights which expand the perception of truth and the reality of God's created world can be welcomed and used. We can confidently make alliances with forces for truth, whether it is within or outside of a Christian context. Since not all spirits are of God, and not all energy is the energy of the Creator, we need wisdom to discern where the truth is being distorted and therefore becomes a force for evil. The challenge for the church is not so much to warn and withdraw from this arena, but to radically rediscover its own function and power to heal.

Spirituality finds expression in relationships, empathy, sharing and involvement. This is demonstrated by the spirituality of Jesus when, for example, his communion with God found expression in going down from the mountain again, letting himself be immersed in the people (e.g., the transfiguration and the healing of a boy with an evil spirit). His life was an ongoing interaction between meditation, prayer and action. True spirituality is expressed through service and healing relationships with people.

WORKING FOR THE LIBERATION OF THE POOR IS HEALING

The healing imperatives of abiding in the roots of the Triune God come not only through liturgical acts of confession, eucharist or rituals like fasting, but also by working for the liberation of the oppressed and caring for the needy and deprived. Working for the liberation of the poor is healing.

Is not this the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke? Is it not to share your food with the hungry and to provide the poor wanderer with

shelter, when you see the naked, to clothe him and not to turn away from your own flesh and blood? Then your light will break forth like the dawn, and your healing will quickly appear; then your righteousness will go before you, and the glory of the Lord will be your rear guard. Then you will call, and the Lord will say: "here am I." (Isaiah 58: 6-9)

As Christians, we cannot escape the reality of the brokenness and woundedness of the church—the people of God. This cry came from the people of God as they shared in consultations of their experience in being with the poor, deprived and oppressed. Early in the study the question was asked: "What is unique about Christian health care?" Now we wonder whether we should rather be asking, "What does God require of us as Christians?"

*He has showed you, O man, what is good,
And what does the Lord require of you?
To act justly and to love mercy
and to walk humbly with your God. (Micah 6:8)*

Since love is inclusive, the gospel of love requires us to accompany the poor in their struggle for justice. We discover new insights as we identify with these members of the body of churches.

"In many parts of the world, Christians, in their struggle for justice and human rights, have discovered that, within the struggle, as they expose the evils around them with the living word of God, and as they express their costly solidarity with the oppressed, they are given new and refreshing access to the healing power of God. They are brought closer to the healing presence of God in prayer and praise, in authenticity and wholeness. Despair and death have no longer any power over them. They have already tasted the risen life of Christ and so have become ministers of God's healing, life-sustaining grace in the midst of the sicknesses of our world. That is what we have been learning from our various contact groups, the base communities, the many persons and action groups who are subjected to imprisonment, torture and death because of their witness to the health—wholeness—which God offers in broken, bleeding societies."

(Dr Philip Potter)

Maiming of members of the body of Christ is a reality in our world today. Health workers in Nicaragua, El Salvador, Guatemala and the Philippines have suffered torture, imprisonment and death. In January, 1989, one of the participants of the South-East Asia consultation, the Rev. Amando Añosa, was brutally murdered by still unknown assassins. Rev. Asosa was active in the human rights movement in the Philippines.

In standing beside those in dangerous situations and in comforting the grieving we find mutual healing.

SUFFERING CAN BE HEALING

Suffering is devastating and disconcerting because of its futility, direction and irrationality. It causes unnecessary waste and consumes vital energies to no purpose, among both individuals and communities. To give testimony about a God who is like a loving father or mother but who, at the same time allows suffering, is problematic. Suffering is difficult to understand intellectually and even more difficult to deal with emotionally, even for the mature and articulate believer.

The only way for Christians to grapple with the reality of suffering is through the life of Jesus as interpreted through the totality of God's revelation. In Jesus' painful experience we understand the meaning of suffering. We see in the suffering servant the redemptive dimension as a vicarious outpouring of God's love for humanity. The suffering of individuals as well as of communities is part of God's redemptive involvement for the sake of others. Seen as such, suffering has meaning in that it has potential healing consequences.

In a group discussion in Kyoto, some participants related examples of how suffering had strengthened character and ultimately led to spiritual growth. They supported the view by pointing out that the ability to feel pain ensures our physical survival in a hostile environment.

Paul's experience of suffering reminds us that we are not without hope, for:

"We are hard pressed on every side but not crushed; perplexed, but not in despair; persecuted but not abandoned, struck down, but not destroyed." (2 Cor. 4:8)

The puzzle of suffering can only be solved within a perspective of hope. Hope springs from the active participation of the people of God in the healing of the real suffering of God's creatures, here and now. All of God's people are in need of help and capable of giving help. Our hope lies in this kind of reciprocity of giving and receiving, of helping and being helped. Wholeness means that only together—the sick and the healthy—do we form a whole.

DEATH AND DYING

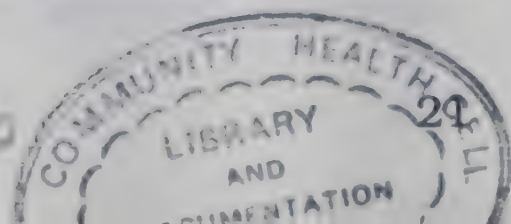
The inevitability of death gives us much to think about in our understanding of health and healing. We can, for example, make a distinction between preventable, untimely death and death which is our home-coming forever—the great hour destined by God. Ethical dilemmas are raised by technology which can prolong the dying process while robbing an individual of the comfort of his/her family and a peaceful departure from this life.

Everywhere people are dying from diseases that are preventable. Christians can lead the way in providing models of a comprehensive approach that can remove the burden of preventable death. Thus prevention becomes a tool for healing.

Where community has been sacrificed to production, emptiness and loneliness can be living death and may drive people to seek escape in alcohol and other drugs. The economically poor in well-developed countries suffer from the same poverty-related diseases that afflict those in developing countries. The church as a healing community has a major responsibility to address these situations, through both service and advocacy for a more just system.

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John Steensma lost both of his hands at the age of 17 in an accident with electricity. His hands are now replaced with two steel hooks. Until recently, he and his wife worked at a comprehensive rehabilitation centre which tries to restore handicapped people to maximum function within the limits of their disability. Every medical discipline is represented there. There is also a shop for manufacturing artificial limbs and braces. The aim is total rehabilitation of the individual, whatever his/her disability.

Real rehabilitation begins, however, when the person is discharged back into the community. The rehabilitation workers have been trying to prepare the person for rejection and ostracism, to prepare him to cope with feeling incompetent and inadequate in the face of public rejection and misunderstanding. To accept the possibility that he or she may have to find a whole new group of friends.

Those in wheelchairs have to learn to accept their low posture which forces them to look up each time they talk to someone. They must get used to living in a society of insurmountable obstacles and architectural barriers including the difficulties of public transport. There are the feelings of inadequacy, of being different, and of lack of confidence. Jobs for which one otherwise is qualified are often denied.

Being disabled often means being treated as a non-person. Christians, individually or as a community, can make the difference in the life of a handicapped person, if we are not afraid to risk being involved. A touch can heal, and listening is also a way of healing. A few weeks after John Steensma's accident, a neighbour who was a friend came and said "John, how about going on a double date tonight? I'll drive." John did not want to go, but he did. That was back in the days of chivalry too, when men still opened doors for ladies and held their coats. He was ahead of his time!

(Caribbean Regional Consultation)

CHAPTER 3

REALITIES OF HEALTH TODAY

"We know that the whole creation has been groaning as in the pains of childbirth up to the present time. Not only so, but we ourselves who have the first fruits of the Spirit, groan inwardly as we wait eagerly for our adoption as children, the redemption of our bodies." (Romans 8:22-23)

In our quest for the meaning of health, healing and wholeness, we heard the groaning of creation in various parts of the world. We also noted the "birth" and "growing pains" of programmes that demonstrate what it means to be healing communities. Health, healing and wholeness is inextricably linked to the socio-economic, cultural, spiritual and political realities of society.

There are special problems unique to countries which are moving toward industrialization and to those with full industrialization. Yet they are interdependent. Violation and destruction of the environment in one part of the world impacts the ozone layer which covers all our world. Pressure to meet the demands for goods of the northern hemisphere lure countries of the South to expand cash crops and production of goods for export which can reduce their production of essential food and basic commodities at home.

Political and economic policies of rich countries disrupt the daily lives of people elsewhere. Direct or indirect supply of weapons and other means of warfare affect the health of many.

The demand for payment of international debts cripples the economies of debtor nations. The tragedy is often worse because the projects for which the debt was created did little to enhance the lives of the people of that country.

The creditor nations are harmed as well, since the debtor nations are left without resources to buy their products.

All of these issues negatively impact health and wholeness. Christians recognize that the actions of governments and transnational corporations, in a quest for power and wealth, interfere with the Christian quest for health, healing and wholeness.

In many countries repressive governments are installed by those who have interests to protect. Sham elections sometimes give the appearance of democracy, but ultimately important decisions are made by those with power and affluence. Their power ensures their repeated reelection. When people become aware of injustices, their protests are ignored or met with violence. The solution may require Christians to be involved in the realm of politics.

REALITIES IN "DEVELOPING" REGIONS

In Asia, Africa, the Pacific and Latin America, the majority of people are living in economic poverty in the midst of abundant natural resources. The situation is perpetuated by a few powerful persons who own and control the means of production—land, capital, machines, and the poorly paid labour force. They have links with international business corporations through "joint ventures" or by serving as front persons. Seventy per-cent of the people live below the poverty line with little access to services like health, education, housing, land, food and stable jobs.

It is the poor who are most susceptible to the preventable communicable diseases. In many instances they have multiple diseases so that even if one disease is cured, another illness may finally claim the person's life.

Children are the most vulnerable group. If malnutrition in early life does not kill them, it will retard their physical and mental growth and development. In Brazil, for example, 6 million of the 10 million mentally ill are children, and 500,000 children die of malnutrition every year.

Eighty-five percent of the 450 million people in the world who suffer from disability come from developing countries, which have only 2% of the resources to treat and care for disabilities.

"Too sick, too late (TSTL)" was the name given to illness of the rural African child by clinic doctors reporting at the regional meeting in Botswana. This situation is caused by structures of injustice that hinder optimum growth and development, starting from the mother's womb. Many of the poor cannot even afford a decent burial.

In addition to this, poor nations become the easy victim of inappropriate technology. Medicines declared as harmful or outdated in the country of origin are shipped to developing nations where governments do not have the will or resources to monitor. Other harmful substances find their way into agriculture (pesticides and inorganic fertilizers), life - styles (cigarettes), and other addicting

In the Marshall Islands, where 66 atomic bombs were tested, people still suffer from long-term effects of radiation such as thyroid cancer, leukemia, and congenital birth defects. Many had to relocate to safer but much less fruitful habitations as their islands became contaminated. Thus they have become dependent for their survival on outside help, exchanging sovereignty for money. Healthy eating habits have been replaced by the unhealthy consumption of canned and 'junk' food, resulting in higher incidence of obesity, diabetes and hypertension.

Even now ballistic missiles fired from California land regularly on their target at the testing site at Kwajalein atoll. Eight thousand former inhabitants of that atoll crowd onto a much smaller island a few miles away, creating an ugly slum in the vast expanse of the Pacific.

(Pacific Consultation)

drugs) and the environment (toxic and nuclear wastes). In certain countries where conscientized people are struggling for self-reliance and self-determination, oppressive colonial and neocolonial powers protect their interests through state terrorism, including "total war" at the grassroots level (low-intensity conflict), torture and imprisonment and other forms of human rights violations. Deaths due to armed conflicts and other forms of political violence have escalated in the 1980s.

THE REALITIES IN "DEVELOPED" REGIONS

Highly industrialized regions are the power centres in the world today because wealth is power. Individualism and materialism are values deeply entrenched in their social institutions. Those who lack the resources to compete, often due to racial discrimination or other forms of marginalization, become the poor.

In North America, people are identified by the work they do. When they stop working, usually at 65, people are often considered useless. Living standards drop and depression sets in. Because of reductions in family size and reduced expectations to care for parents, many elderly live alone.

In North America 50% of today's marriages end in divorce. There is increasing evidence of violence within families in the form of physical and mental/emotional abuse, often as a result of the use of alcohol and other addicting drugs. Stress is abundant in industrialized areas.

At the North-East Asia Consultation it was reported that in Japan 90% of the male and 45% of the female adults have some degree of alcoholism, and an estimated 2 million are considered to be alcohol-dependent.

In both Europe and North America, medical services, while generally of a comparatively high standard, are often focused narrowly on the individual patient without

Dr Ian Casson and his wife Ruth are co-medical directors for the health service of the Sioux Lookout Zone in north-western Ontario, Canada, serving 13,000 people living in twenty-eight remote communities scattered over an area the size of France and accessible only by airplane. Living conditions are harsh. Poverty-related medical problems such as tuberculosis and diphtheria are common, whereas they are rare in the rest of Canada. In February 1988, five men went on a hunger strike with a view to pressuring the government into providing better health care for the indigenous people, especially since the government had decided not to rebuild a dilapidated hospital that so far had catered only for them. The indigenous people could not agree to share hospital facilities with other groups since this would inhibit the empowerment of their own people. They abandoned the hunger strike when the government agreed to appoint a panel to review health status and health services in the area. This panel had a year's mandate and was headed by Archbishop Edward Scott, former moderator of the Central Committee of the World Council of churches and a person the indigenous people respect.

(North America Consultation)

consideration of his/her family and environment. Specialization focuses even more narrowly on one part of the body. This reflects a tendency in Western society to value individualism and compartmentalize knowledge, as opposed to the more traditional, and biblical, wholistic view. The trend is away from strong family ties and from close-knit, health supportive communities.

In Australia the Aborigines, having lost their land to European settlers, fear assimilation. Their traditional culture is less individualistic, success-oriented, and competitive than that of the dominant invaders. They give little importance to houses and would much prefer to be treated for illness in the community than be brought to a hospital.

Among Native North Americans, a feeling of powerlessness is created by a public school system that often alienates their children from their traditional language and culture. When they grow up and find it hard, because of discrimination, to get a job, apathy, alcohol abuse and violence may be their response. Strong extended family ties are valued in their culture, something European Americans have lost. Wholeness has always been central to the Native American culture. Birth and death are natural part of the life cycle. Insensitivity to these cultural differences by those administering government services often causes mistrust.

It was reported from socialist countries, where the state assumes responsibility for basic needs, that widespread loneliness and meaninglessness developed because people do not need help from each other. Caring communities based on the gospel become important in this situation. In Czechoslovakia, where there was strong pressure to accept atheistic materialism, spiritual emptiness mitigates the efforts of the state-provided medical services to improve health. There people have come to expect the state to provide everything, even health—which is considered to be a right—so they tend to neglect the discipline of self-care and are not prepared to cope with suffering and death.

New forms of illness develop as industrialization progresses. In Hong Kong, communicable diseases have been replaced by injury, poisoning and cancer as the leading causes of death in children. Strong pressure to compete, even at a young age, generates stress-related illness. Failure to excel and subsequent feeling of parental rejection drives many children to a life of peddling, petty thievery, frequenting bars, heroin addiction, other forms of delinquency, and unwanted pregnancy. Polluting the air and water, industries are responsible for large increases in such diseases as emphysema, cancer, and minomata disease (mercury

poisoning). When Japan became sensitive to the effects of pollution on its population, many polluting industries were moved to developing countries.

SIGNS OF HOPE

This description of today's health realities sounds pretty dismal—and it is. But there are signs of hope. Throughout this report are the stories (see boxes) of churches and persons that are addressing the injustices and other conditions that prevent health and wholeness in the world. These stories are reported, not to ease the conscience of the readers but, to the contrary, to be signs of encouragement and models for all Christians and other persons of goodwill to be engaged in the struggle for health, healing and wholeness at the personal, community, national and global level.

In North Carolina, we have a high incidence of cardiovascular-related disability and death and uncontrolled diabetes. Notwithstanding availability of high quality, regionally-based professional resources, many citizens followed patterns of utilization common a generation earlier. Attitudes and beliefs towards health and disease followed those of earlier time. A stroke was accepted as a random but natural consequence of aging.

We began our intervention by speaking with pastors and church leaders about uncontrolled hypertension, diabetes and high infant mortality rates. We discussed the role of the church as a helping institution in times of need and the changes that the transition from subsistence farming to the cash economy had imposed on the community's ability to support people during times of crisis. Twenty-three churches of various denominations decided to take part in a training programme that would enable three members (chosen by the church) to function as health and human services advisers in their respective congregations.

Graduate assistants in the College of Public health of the University of North Carolina, Chapel Hill, carried out much of the coordination of activities in the field. Public and private providers volunteered time to conduct technical sessions with the church volunteers. We believed that improving the quality of information held by well-respected community persons and increasing their skill in accessing health care services would be shared with others in their natural social network.

The pre-programme phase started with health needs assessment done by church volunteers. On the basis of the need, a programme is started. Health promotive interest groups and support groups conduct various programmes like smoking cessation classes, exercise clubs, stress management workshops and weight-reduction programmes.

It is our hope to move into the next phase, which is developing advocates for justice in health so that resources and services are equitably distributed.

(North America Consultation)

CHAPTER 4

ISSUES AND CHALLENGES

THE CONGREGATION AS A HEALING PLACE

Jesus sent the disciples out to preach, teach, and heal. Most churches today preach and teach but have abdicated healing to medical professionals. Yet many ways in which churches are involved in healing were reported at the regional meetings:

- praying for the sick
- confession and forgiveness
- laying on of hands
- anointing with oil
- holy communion
- using creative healing liturgies
- supporting those who are committed to the healing task
- training healers
- using the charismatic gifts

As a healing community the congregation joins forces with God to heal relationships among persons and the entire creation.

THE CONGREGATION AS A CARING COMMUNITY

Within and outside the fellowship of the congregation are people longing for mutual caring and solidarity. They are the sick, lonely, handicapped, oppressed, marginalized and those with social problems such as divorce, unemployment, unplanned pregnancy, etc. In ministering to these people churches are involved in healing.

THE CONGREGATION AS A HEALTH TEACHING PLACE

The members of a congregation can grow together in health ministry through:

- Bible study on health, healing and wholeness
- Facilitating self-discovery of causes for ill-health

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- Practical health education
- Studying questions of bio-medical ethics
- Learning to take personal responsibility for health

The Bethel Baptist Healing Ministry in Kingston, Jamaica, is a congregation-sponsored wholistic community-based service. It offers a setting where care is provided [in the church] by Christian medical personnel who work together with pastors and psychologists to provide prayer and spiritual counselling as well as medicines. When the word "healing" is used, it refers to healing of the whole person by means of counselling, medicine, faith and prayer as well as by community. hence the motto of Bethel's ministry "Total healing to the Whole Person".

(Caribbean Consultation)

THE CONGREGATION AS ADVOCATE FOR JUSTICE, PEACE AND INTEGRITY OF CREATION.

The message of liberation is an integral part of the life of the church. Participating with oppressed people in the building of a just social order leads the way to the reign of God, which is life-wholeness.

The congregation can take the healing ministry into the political, social and economic arenas:

- advocating the elimination of oppression, racism and injustice,
- supporting peoples' struggle for liberation,
- joining others of goodwill in growing together in social awareness,
- creating public opinion in support of the struggle for justice in health.

In working for a just social order as it relates to health, healing and wholeness, ethical standards must be advocated to protect the environment so that land, water,

atmosphere and other forms of creation are not rendered useless or harmful to humankind.

THE CONGREGATION AND PRIMARY HEALTH CARE

Congregations are urged to be involved in and promote primary health care (PHC) as a means of correcting the existing unjust distribution of health care resources. Through PHC, persons in all places in the world can be empowered to discover the causes of most of their illness and eliminate them. In addition they can learn early treatment in the home or community for many illnesses.

Through PHC the heavy dependence on professional and institutional health services can be lifted, allowing them to provide more expert care for the complicated illnesses for which they are trained and equipped.

COOPERATION IN HEALING

The congregation is challenged to recognize, support and cooperate with healing partners such as:

- family
- health professionals
- traditional and alternative healers
- other agencies and communities
- other faith groups.

The National Ecumenical Health Concerns Committee of the National Council of churches in the Philippines (NEHCC-NCCP) has played a role in enabling its constituents to look at the healing ministry with new eyes.

The celebration of Health Week engages member churches in Bible studies that stimulate people to reflect on current situations and challenge churches to act accordingly. In addition to giving health skills training, the week encourages churches to develop their advocacy roles.

While the government was formulating legislation to require the use of generic medications less expensive than those with brand names, Christian women's associations from various parts of the country sent petition letters to their representatives in Congress and to the chairman of the Senate Health Committee to ensure its passage.

The NCCP Executive Committee recently approved a resolution requesting church-related hospitals and programmes to take the lead in discouraging the inappropriate use of medicines and in the use of generic drugs in hospital pharmacies.

(South-East Asia Consultation)

CHAPTER 5

FOR FURTHER STUDY

THE GOSPEL, THEOLOGY, AND HEALTH

The theology of health, healing and wholeness challenges those who live by the norms of selfish materialism, unjustly and mercilessly using economic and political power to maintain affluent life styles and theology to justify them. The invitation to the kingdom is for all. But kingdom values are bad news for the rich.

How can a "metanoia" (conversion) happen so that all of God's people will truly work together to become healing communities?

The theology of health, healing and wholeness calls for cultivation of gospel spirituality that affirms God's option for the poor and leads us to be in solidarity with all who find themselves involved at the front line in a struggle for liberation from the forces of oppression.

Who are "the poor"? And what are the implications of the gospel for the poor themselves?

The theology of health, healing and wholeness calls Christians to point to such signs of the kingdom as:

- commitment to the gospel values
- empowerment of "wounded healers" to develop healing and caring communities.

Searching questions asked during the 1981 Central Committee meeting are still relevant:

- *Are we and our churches healing communities?*
- *Are we really engaging ourselves in God's controversy with those who spread sickness around?*
- *Are we enabling our sick people and societies to diagnose their true sickness and find the resources for healing?*

- *Are we prepared to place ourselves beside the sick, the deprived, the oppressed with the healing power of God?*
- *Are we ready to join our Lord in his self-giving struggle with evil even to the cross in order that healing, reconciliation, and wholeness may become manifest in a world which is sick unto death?*

DIALOGUE

In spite of all of the regional consultations, there is still little dialogue between medical professionals and theologians and pastors. *Why?*

The words used by theologians are not well known or understood by physicians and vice versa. James McGilvray, CMC's first director, said in the Budapest meeting that there is a also lack of common anthropology, so that it is questionable whether the medical scientists and the theologians/pastors are really looking at the same person. The churches' position on medical-ethical issues arises out of a whole picture of life and its incarnational meaning to which the gospel gives meaning.

In the European Consultation, one group reported the need to make medical language more human in the hospital and doctors' offices.

Can we reinterpret the gospel in secular terms for medicine as, for example, Bonhoeffer did for politics?

CREATING CARING COMMUNITIES

One group report in the Budapest Consultation said: "It is clear to us that care of those who are sick or suffering is not a matter for just the doctor alone, but for everyone connected with the person. What is needed is a willingness on the part of all of us to enter into a deeper relationship, to talk and take counsel together, from

which we can draw strength—the sense of bearing one another's burdens.”

It is clear from our theological and sociological reflections that we need to build caring communities. People are lonely, empty and feel alienated because of the growing individualism and materialism, not only from well-developed countries but also from lesser-developed countries to which these values have been exported. The church is challenged to attack the issues of individualism and materialism in study groups and to build healing communities, not only among themselves but also outside their congregations, taking always the preferential option to serve the least of our brothers and sisters.

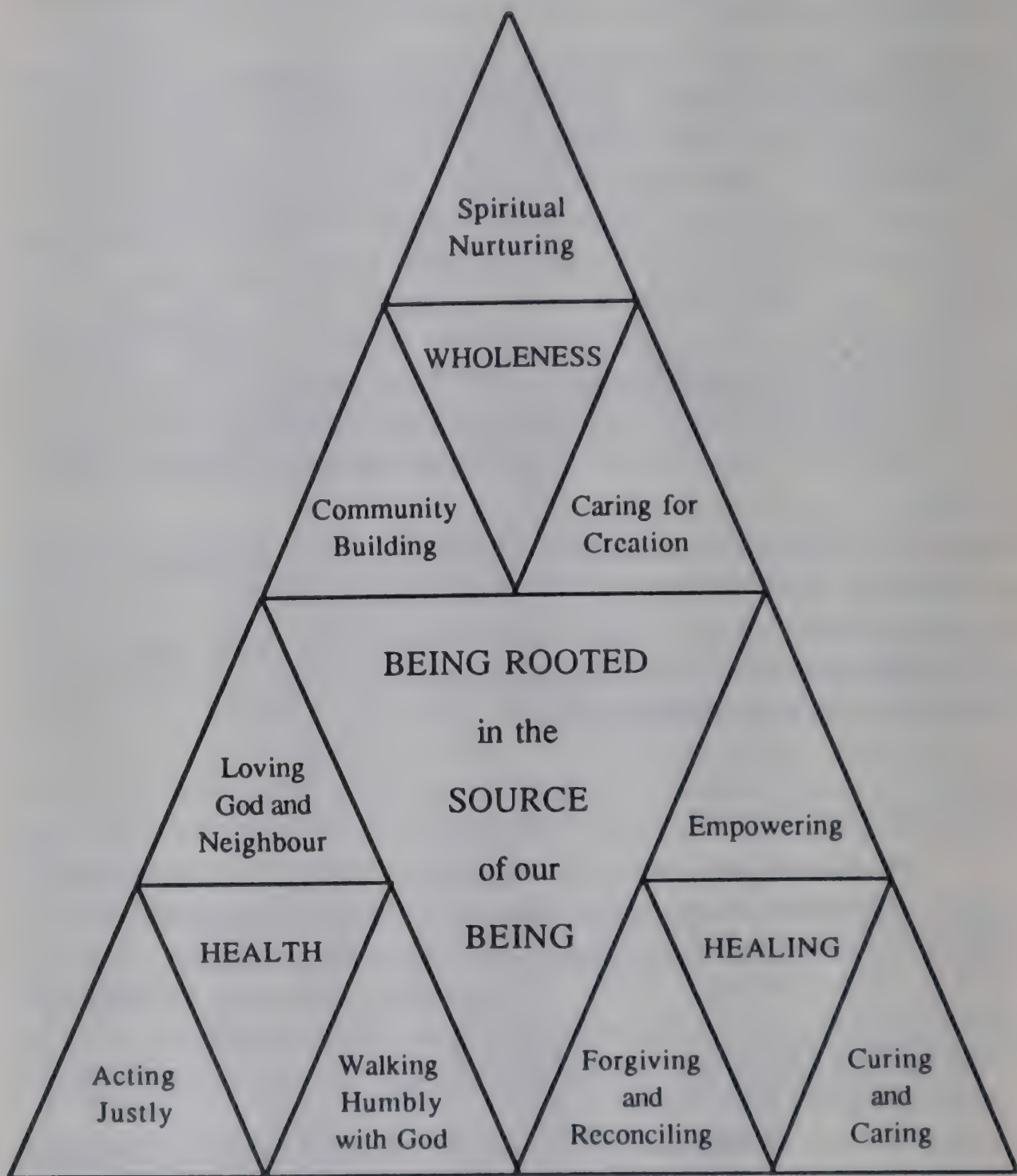
Some traditional cultures have so far escaped the community destroying infusion of materialism.

How can those of us whose wholeness has been impaired by individualism learn from them so that our healing community can be restored?

We recently had a research programme looking at the quality of life of patients being treated for cancer. It resulted in a community care programme led by a Catholic sister and a Methodist lady. The group, called Alphega (Alpha and Omega combined), creates community around families which otherwise would be isolated. We help families rebuild confidence through establishing relationships with neighbours and friends so they can find freedom and faith to make their own decisions about life and death. Participation is open to everyone of whatever faith and is hosted by a church in the community.

We learned much from the way families cope with the experience of cancer—with dying and bereavement.

(European Consultation)



To facilitate further thinking about health, healing, and wholeness.

CHAPTER 6

VISION AND HOPE

The church is envisioned to be a society where individuals live in harmony with each other, nature and God, fully participating unselfishly in meeting each others needs. Such a community rejoices in the unique gifts of each person. It utilizes God's gifts prudently, using technology only to enhance human life while protecting the natural environment. While wholeness may not be achieved in this life, the signs which point to it are inherent in the gospel and provide a means whereby issues can be identified and evaluated before decisions are made.

The church can teach its members to care for each other, to confess their sins and brokenness, to nurture the unique contribution each can make, and thereby to model for the world the health, healing and wholeness which is the promise of God.

After more than a decade of study, theological reflections should now translate into action. What proved successful should become normal routine. Models not dominated by medical thinking must be identified and shared through all possible channels. Where churches, local congregations, and other groups are actively involved in healing ministry, the potential of the church can be realized more fully.

Much thought and effort is needed yet to develop community based health care. More respect is needed for cultural determinants of health, disease, and healing. Studying and addressing root causes of illness and despair should be a priority. Ways must be found to renew a badly damaged environment.

Learning and practicing behaviour that redefines persons as God's children rather than as economic or political objects generates hope and is one step toward renewal.

Patient community building and making ourselves available to each other elicits hope. Diaconal action in witness and service are expressions of hope, and engender new hope.

The development of positive relationships between the North and the South—penetrating institutions and peoples—is a indication of hope. Movements created and sustained by people from below and breaking through structures of injustice are signs of hope.

The dimensions of agape love and justice in health challenge churches, locally, nationally, and globally to be healing communities.

APPENDIX 1

THE CONSULTATIONS

Ten regional consultations were held around the theme "Health, Healing and Wholeness" as follows:

1. Caribbean	Port of Spain, Trinidad	March	1979
2. Central America	Omoa, Honduras	March	1979
3. Africa	Gaborone, Botswana	October	1979
4. Southern Asia	New Delhi, India	August	1980
5. South-East Asia	Denpasar, Bali, Indonesia	April	1981
6. Pacific	Madang, Papua New Guinea	September	1981
7. South America	Quito, Ecuador	June	1982
8. North America	Chevy Chase, MD, U.S.A.	December	1984
9. Europe	Budapest, Hungary	September	1986
10. North-East Asia	Kyoto, Japan	April	1987

An Egyptian National Seminar on the Christian Understanding of Health, Healing and Wholeness was held in Alexandria, Egypt, from 1-4 May 1980. The seminar was originally intended to lay the groundwork for a Middle East regional meeting, to be co-sponsored by the Middle East Council of Churches and the CMC. However, due to the political situation and the difficulty of getting representation from various countries, it was not possible to hold the regional meeting.

Two consultations on "Death and Dying" were held at the Ecumenical Institute, Chateau de Bossey, Switzerland, in 1979 and 1981.

Another consultation entitled, "Addiction: Churches Responsibility", was held at Bossey in March 1988.

A conference on "The Role of Herbal Medicines in Health" was held in Achimote, Ghana in September 1988.

APPENDIX 2

HHW PRESENTATION TO THE 1981 CENTRAL COMMITTEE MEETING

A report on the first half of the HHW study was presented to the WCC Central Committee in Dresden, German Democratic Republic, 16-26 August 1981. The basic messages presented were:

- The issues and concerns related to health and wholeness are those related to justice, peace and full human development.
- The possibility of improving health will only be realized once we are more aware of our personal responsibility for health. Church-related services are challenged to develop a new style of authentic people's participation which has its base in the community, addresses their own concerns, and promotes their own dignity.
- The church is called in obedience to the gospel to engage actively and ceaselessly in a healing ministry which will truly promote the healing of the peoples and the nations and restore Christ-given wholeness.

(1981 Central Committee Minutes, pp.31-32)

The Central Committee decided that:

1. Its members as well as member churches be urged to help interpret, influence, initiate and support activities which will promote health, healing and wholeness in their communities and nations.
2. Its members as well as member churches be urged to support and encourage the continuation of the reflection and study of the churches in the area of health, healing and wholeness, to discover renewal in the healing mission and ministry of the congregation, and to share with others and with CMC the insights of those engaged in healing service.

3. Its members be urged to help CMC enlarge its network by recommending persons, groups and organizations whose experiences can be shared.
4. Member churches be urged to appreciate more fully the healing imperative in reaffirming and supporting those persons and groups working to combat poverty and injustice and in promoting their dignity.
5. WCC units and sub-units remain alert to concerns and issues of the CMC which relate to their own concerns, continue to be open to CMC initiatives, and collaborate in programmes, contacts and visitation."

(1981 Central Committee minutes, p. 73)

APPENDIX 3

HHW PRESENTATION TO THE WCC SIXTH ASSEMBLY, VANCOUVER, 1983

The healing ministry of the church was discussed during the Sixth Assembly of the World Council of Churches under Issue Group No. 4, "Healing and Sharing Life in Community". In the Issue Group meeting it was affirmed that the church's sharing and healing ministry originates from the very life and mission of Christ Himself. It demands right and direct relationships based on love and justice, with self, with neighbour and with God. The churches were challenged to:

- carry out their healing ministry in a wholistic way;
- play their role in bringing about change both locally and abroad, in health policies and programmes;
- emphasize and explore primary health care and the humanization of existing institutional services;
- study traditional healing practices;
- study the role of spiritual healing;
- develop people who are well-trained and motivated in providing health care;
- give priority to the rural and urban poor and the populations most at risk in the provision of health care;
- emphasize community and individual participation in health;
- view medical technological advances in their proper perspective;
- face responsibly the problems that enslave many people, like alcoholism and drug abuse; and
- give meaningful participation and attention to the disabled and aging.

The Issue Group suggested to the Programme Guidelines Committee the addition of new themes in the study on the Christian Understanding of Health, Healing and Wholeness.

The new issues to be added to subsequent studies were:

- sickness, suffering and dying;
- wholeness as it relates to aging persons and those with disabilities;
- strengthening of efforts to enable churches in the renewal of their congregational life to fulfill a more caring and healing ministry.

(Gathered for Life: Official Report of the VI Assembly, WCC, pp. 64-70)

APPENDIX 4

HHW PRESENTATION TO THE 1989 CENTRAL COMMITTEE MEETING

This document was presented to the WCC Central Committee in Moscow, USSR, in July 1989. After reviewing it, the Unit II Committee reported to plenary that:

- *The CMC study/inquiry into Christian perspectives on health, healing and wholeness, based on a series of regional meetings, has been brought to a close.*
- *The "Summary Paper on Healing and Wholeness—the Role of Churches in Health" contains the essence of what the CMC set out to do in the study of the churches' role in healing.*

The Central Committee took note of these items.

The Unit II Committee recommended:

1. *that the "Summary Paper", and the emerging publications presenting the findings and challenges of the study/inquiry, be commended to the member churches of the WCC;*
2. *that the member churches be challenged to make policy statements on their involvement in health care and healing, reaffirming the healing ministry of the church and stating their commitment to community building and wholeness, and to justice in health;*
3. *that improved mechanisms for collaboration be established within the WCC as a whole to give support for the empowerment and transformation of congregations into healing communities.*

Central Committee Member Christine Woratz, a psychiatrist, emphasized the importance of this study. As someone constantly confronted with the problems of those who suffer from lack of wholeness, she stressed the

need for more people within local congregations who are willing to learn to help them simply by listening and offering understanding. Churches should be encouraged to put into practice the results of the study and equip members of their congregations to carry out such tasks. She proposed that an additional phrase be added to recommendation number one to read:

"and that the increasing significance of concrete action be stressed".

This was agreed.

The Central Committee approved these recommendations.

(1989 Central Committee minutes, pp.101-2)

APPENDIX 5

FOR FURTHER READING

- CMC. Separate reports on regional HHW meetings. Geneva: CMC, 1979-87
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- Siegel, Bernie S. *Love, Medicine & Miracles*. New York: Harper and Row, 1986
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- Wagner, James K. *Blessed to Be a Blessing*. Nashville: The Upper Room, 1980
- Westberg, Granger E. and Jill. *The Parish Nurse*. Park Ridge: Parish Nurse Resource Center, 1987
- White, John. *Putting the Soul Back in Psychology*. Downers Grove: Inter Varsity Press, 1987
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